SP-0218
Late effects in patients treated for head and neck cancer
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Introduction and purpose: Patients with head and neck cancer are treated with surgery, radiotherapy and chemotherapy either alone or in combination. The treatment has serious consequences for the patients, because of frequent and severe late side effects that often affects the patient's everyday life. The aim of the study was to investigate the unmet needs of the head and neck cancer survivors and to manage the late effect of the treatment. We wanted to investigate which health care efforts the patient needed in order to improve their quality of life.

Method/material: This mixed methods study included 204 patients, that were seen once during the first two years after the end of treatment. Patients were recruited from our follow up clinic and invited by letter. Patients completed three different questionnaires: EORTC QLQ C30, -H&N35 and HADS. The patients were thereafter interviewed, using focused questions dealing with 14 predefined topics and, analyzed by content analysis.

Result: In general the patients were doing well, but with large individual differences. Common side effects were dysphagia (60%) and, dry mouth (75%). The derived consequences of these side effects were – amongst others – difficulties with social interaction, speech, eating with others, fatigue, sexual problems, sleeplessness and memory problems. The frequency of side effects declined with time but some of the patients struggled years after treatment. The patients use at least three coping strategies; "avoid", "accept" and "action". In our study the patients were largely incapable of finding help to handle the late effects of the treatment. The questionnaires were not a sufficient screening tool for unmet individual needs that were commonly only identified during the interview.

Conclusion: The late effects, after treatment for head and neck cancer, have multidimensional consequences for the experienced health related quality of life. The patients need support and counseling to cope with the late effects and a specialized rehabilitation service with a multidisciplinary approach should be offered. It is important to screen and talk with head and neck patients systematically because there are large individual differences in how they deal with the long term consequences of treatment.

Symposium: The future of Radiation Oncology publishing: views through the Red and Green telescopes

SP-0219
Green Journal
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Abstract not received

SP-0220
Publishing the science of radiation oncology: the perspective of the Red Journal's editor
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Most published medical science ultimately proves to have little value as the results are founded on weak methodology and prove unrepeatable. In addition a "publish or perish" approach to academic medicine has placed pressures on investigators that weaken the ethical fabric of journal publication. This reality has become increasingly apparent in recent years, and many now feel that the traditional concepts of peer-review and static print journals are a thing of the past. This talk will address issues around the quixotic peer-review process and efforts made by the Red Journal to get around them including: double-blind review, prospective review, and editorial review of the reviewers. Three additional concepts, made possible in an electronic age, promise to upend the old order changing the way science is placed into the public arena and critiqued. These include: unselective open access publication based on methodology alone, "as-you-go" publication of original data and results in open source databases, and "crowd sourced" review. These concepts are starting to gain considerable traction in the basic science world but have yet to change the way clinical science is presented. The Red and Green Journals will have to react to this changing environment and it is likely that within 10 years the current format will have changed beyond recognition.

SP-0221
How to do a good manuscript review
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Peer review is an important basis for scientific activities and progression. Peer review is the cornerstone for evaluation of scientific work, including applications for research grants and positions as well as scientific reports and publications in scientific journals. This presentation will focus on the role of peer review of manuscripts submitted for consideration for publication in journals. Initially, the presentation will address the importance of peer review as the main method for scientific evaluation; alternatives to the conventional peer review process will also be mentioned. Subsequently the presentation will go through the major steps in reviewing a manuscript. This also includes the issues to consider when receiving the invitation from the journal. Key questions to address when evaluating the various parts of the manuscript (Introduction, Materials & methods, Results and Discussion) will be covered.

References:
1. COPE Ethical Guidelines for Peer Reviewers. http://publicationethics.org/files/u7140/Peer%20review%20guidelines.pdf
2. http://www.senseaboutscience.org/pages/peerreviewedcation.html
3. http://violentmetaphors.com/2013/12/13/how-to-become-good-at-peer-review-a-guide-for-young-scientists/

Poster Viewing : 5: RTT

PV-0222
Enhancing safety and quality of the radiotherapy process using a multidisciplinary end-to-end review
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Purpose or Objective: In radiotherapy (RT) extensive quality assurance (QA) protocols exist to guarantee the safety and quality of treatments. Generally, the QA consist of performance, consistency and/or stability checks of individual items such as CT acquisition, treatment planning or treatment device. Besides QA of individual items, the coherence of all items constituting the entire chain is crucial for the overall treatment quality. Therefore, in 2013, we started with the "Analysis of Process Quality" (APQ); an analysis of the RT process from CT to RT. The purpose of this retrospective analysis of the APQ results is to investigate whether the APQ improves and optimizes the RT process.

Material and Methods: The APQ is performed monthly for four randomly chosen patients for a specific tumor site. For each patient, a physicist and a radiation technologist (RTT)